

## Office of the State Fire Marshal Licensing Section 8181 Independence Boulevard, Baton Rouge, LA 70806 (225) 925-4911 1-800-256-5452 Fax (225) 925-3699 www.lasfm.org



## EMPLOYEE APPLICATION

\*\* All fees are NON-REFUNDABLE\*\*

Place a check ( $\sqrt{}$ ) next to	the type	of application appl	ying for:				
( ) Initial (Fees on Next Page) (New or reinstatement)	( ) <b>R</b> 6	enewal ( ) Revisio	n Reason	n for Revisio	n (please che	eck one):	
( ) New Endorsement(s)	( ) Cl	hange of Qualifier (	) Changir	ng Firms (	) Change of	address	
( ) Replacement (Lost or Date	maged ID)				SFM Emplo	oyee License #	
*PLEASE PRINT ALL AND	SIGN I	N BLUE INK ONL	<b>Y</b> *				
Applicant's Given First Name	Middle Name Last Name			Preferred Name or Nickname			
Applicant's Physical Home Address	City			State	State Zip		
Area Code & Home Phone Number	Applicant	t's E-Mail Address			Date of Birt	th	
( )					/	/	
Social Security Number	Race	Gender	Г	Driver's License	Number	State	
		( ) Male ( ) Fe	male				
10° 9 . NT					CEM Employer	T *	
Firm's Name					SFM Employer	· License#	
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Firm's Physical Address	City	St	Zip	Firm's Co	ntact Person		
Firm's E-mail Address				Firm's Co	ntact Phone Nu	mhar	
FIFIII S E-man Address				(	)	mber	
		_				_	
		For Office	e Use Only			_	
Background Check ( )	Date (	)	Initials (	) SI	<b>D</b> #(	)	

Please mail completed application, along with the proper attachments, photos and fees to the address listed above. MUST submit the following items with this application:

- 1. Note\*\*\*\* Employee's digital color photograph must be saved to a CD in JPG format and submitted with the application or it can be emailed. The employee's digital picture is to show their whole face, with no sunglasses or hat and the photo identified with the full name.
- 2. Submit a copy of your driver's license.
- 3. A company check or money order made payable to Office of the State Fire Marshal must be included.
- 4. Qualifier's of ALL endorsement types MUST live within 150 miles of the firm that he/she qualifies.
- 5. If upgrading, which is purchasing new endorsement, a copy of the course certificate must be attached to application.

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Name of employee:	Name of firm:
<u> </u>	

Place a check ( $\sqrt{\ }$ ) on the <u>left</u> side of the endorsement (license) for which you are applying or renewing:

Check Here	LIFE SAFETY	Initial Fee	Renewal Fee	Check Here	PROPERTY PROTECTION	Initial Fee	Renewal Fee
Here	Fire Sprinkler - Qualifier	\$100	\$50	Here	Security	\$100	\$50
	Fire Sprinkler - Inspector	\$100	\$50		Closed Circuit TV	\$100	\$50
	Fire Alarm	\$50	\$50		Household Fire	\$100	\$50
	Fire Alarm (Non- Required)	\$50	\$50		Locksmith	\$100	\$50
	Fire Alarm (Owner)	\$50	\$50		Door Hardware	\$100	\$50
	Fixed Fire Suppression	\$50	\$50		Door Hardware Consultant	\$100	\$50
	Pre-Engineered	\$50	\$50		Bank Locking	\$100	\$50
	Kitchen Suppression	\$50	\$50		Bank Auxiliary	\$100	\$50
	Fire Extinguishers & Hoses	\$50	\$50		Detention Locking	\$100	\$50
	DOT Hydrostatic Testing	\$25	\$25		Special Locking (Electronic Locking Systems)	\$100	\$50
	Life Safety Apprentice	\$50	\$50		Gate Systems	\$100	\$50
	I				Property Protection Sales / Design	\$100	\$50
					Property Protection Apprentice	\$50	\$50

**Ouestions** 

<u>Questions</u>
1. Have you ever been licensed with another agency or in another state for the same endorsement for which you are currently applying? ( ) Yes ( ) No If yes, please explain:
2. Have you ever had any administrative or disciplinary action, in relation to your license, (including but not limited to a fine, warning, suspension or revocation) taken against you by any federal, state or local authority ( ) Yes ( ) No If yes, please explain:
<ul><li>3. Have you ever been denied a license, for any reason, by any federal, state or local authority?</li><li>( ) Yes ( ) No If yes, please explain:</li></ul>
Answer this question if you are applying for a Property Protection License  4. Have you ever been convicted of a felony, received a first time offender pardon for a felony or entered a plea of guilty or nolo contendere on any felony charged? ( ) Yes ( ) No If yes, please explain:

NOTE: If additional space is needed to answer questions, please attach a separate sheet of paper.

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Name of employee:	Name of fi	rm:
<b>1. I hereby affirm</b> that I have met the requand Property Protection Advisory Board.	uirements for continui	ing education as established by the Life Safet
<b>2. I hereby certify</b> and declare that I am a all information contained in this application		of the firm listed on this application and that
<b>3.</b> I understand that any willful omission o is justification for denial, administrative pe Office of the State Fire Marshal.		nent information required on this application rocation and/or criminal prosecution by the
*PLEASE SIGN IN BLUE INK ONLY*		
Print Employee's Name		
Employee's Signature	//	Date of Signature
Supervisor's Signature		Date of Signature

## **EMPLOYEE CHECK LIST**

\*\*\*Please use the new applications that can be found on our website.\*\*\* \*\*\*All employees must be W-2 paid employees of the firm for which they work. Completed Employee Application with all information filled out, including full social security number & current **E-mail address** of the employee Signatures of employee and supervisor on Employee Application in blue ink Digital color picture of employee on a CD in JPG format or the picture may be emailed to our office (No hats or sunglasses and please label the pictures with the employee's full name – no nicknames) Copy of current/valid driver's license of employee (If you have a renewal sticker on the back of your license, please send a copy of the back also) Copy of current NICET certificate or certificate of completion results for all requirements of applicants and/or qualifiers Company Check or Money Order, if not already included with the firm's application ONLY NEW/INITIAL Property Protection firm principals/owners and employees must send in a fingerprint card, background check form and check in the amount of \$38.00 made payable to the **Department of Public Safety** for each background check. Also, employees that have been out of the industry for more than two years or an employee adding a property protection endorsement for the first time must send in a fingerprint pack. NOTE: Fingerprints are not required at renewal. \*\*\* Please staple all pages of employee application together with a copy of their driver's license and any NICET or course certificate(s). \*\*\*\* Please paper clip the 2 page background check form, the fingerprint card and the fees together. Reminder: Each employee MUST have 8 CEU's for annual renewal. For details, please refer page 12 of the LSPP Policy & Procedures Manual located on our website. The certificates are to be kept on file with the firm. Individuals must obtain 50% of their continuing education hours from categories 1, 3, 4 or 6 of the approved continuing education courses and methods list. For information regarding

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(Click on Code Enforcement, then Licensing, then Complete Licensing Packet, then Training &

Education Policy & Procedures for Certification for more information.

endorsement requirements and continuing education units, please refer to our website listed above.